

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/889370

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	IND.	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
			IND.	DEP.	IND.	DEP.

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS